

July 29, 2002  
Chairman Powell  
Office of the Secretary  
Federal Communications Commission  
445 12th Street, SW, Room TW-A325  
Washington, DC 20554

Dear Chairman Powell:

RE: FCC Docket 02-60

As the Regional Coordinator of the Federal government's Hemophilia Treatment Center (HTC) program for Region IX, I am writing to provide reply comments to FCC Docket 02-60. In particular, I am replying to comments regarding the need to, and rationale for, designating Honolulu, Hawaii as the "urban area" for the purposes of the Universal Service Rural Health Care Program.

Since 1990, I have administered grants from the Maternal and Child Health Bureau (MCHB) and Centers for Disease Control and Prevention (CDC) which support a regional network of 15 specialty centers in Region IX for the diagnosis and treatment of hemophilia and von Willebrand Disease, both inherited bleeding disorders. Region IX is comprised of California, Hawaii, Nevada and the U.S. territories of Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (CNMI). Hemophilia is a rare, chronic potentially disabling clotting disorder which, if not treated quickly and correctly, leads to chronic joint pain, crippling, and premature death. Von Willebrand Disease (VWD) is the most common inherited bleeding disorder, affecting 1% of males and females of all ethnic backgrounds. It is characterized by easy bruising, frequent nosebleeds, heavy menstrual periods, and prolonged bleeding due to injury, surgery, childbirth and dental work. CDC data now documents that males with hemophilia who obtain care at one of the federally supported HTCs have a 60% reduce risk of mortality and a 60% reduced risk of bleeding related hospitalizations, as compared to affected males who obtain their hemophilia care elsewhere.

To extend the life saving and cost reducing benefits of HTC care throughout our region, we have worked with local clinicians to create HTCs in Guam and a satellite program in the CNMI. Because hemophilia is rare, and VWD under recognized, very few clinicians see a sufficient volume of patients to develop and sustain clinical expertise. Therefore, education and clinician to clinician consultation is key to our network. Because of the enormous distances between California, Hawaii and the U.S. Pacific, and the Pacific's dearth of specialists, affordable telecommunications between Hawaii and the U.S. affiliated Pacific is essential to the health of persons who have suspected or diagnosed inherited bleeding disorders.

I have traveled to Guam and CNMI twice now, and can testify personally to the lack of 1) access to pertinent continuing education and 2) specialty consults. Strengthening the U.S. Pacific's ability to participate in telehealth continuing education with Hawaii is particularly important for the clinician on Guam, CNMI and American Samoa. They simply do not have "access to a specialist down the hall" to confer with on these diseases. Videoconferencing to conduct clinical consultations will both reduce cost and enhance the self-care capacity of individuals with hemophilia and their families. For example, our Hawaii HTC's new orthopedic surgeon is now available to conduct orthopedic surgery for U.S. Pacific bleeding disorder patients in Hawaii (previously such specialty service was only available on the mainland). However, assessing the need for such surgery is most cost effectively determined via video conferencing, as it obviates the need to

fly U.S. Pacific patients to Hawaii for the assessment.

I believe that the American Samoa Telecommunications Authority has correctly interpreted the legislation and Congressional intent in terms of the FCC having the legal authority to make special provisions for the insular areas. I therefore believe that the FCC has the legal authority to designate Honolulu as the urban area for the determination of the subsidy.

I appreciate your consideration of these comments. If you have any questions, please contact me at 323 669 4560 or email: [jbaker@chla.usc.edu](mailto:jbaker@chla.usc.edu).

Sincerely,

Judith Baker, MHSA  
Regional Coordinator  
Childrens Hospital Los Angeles  
4650 Sunset Blvd., Box 54  
Los Angeles, CA 90027

Judith Baker, MHSA  
Region IX Hemophilia Program  
Childrens Hospital Los Angeles

Tel: 323-669-4560 Fax: 323-663-6896  
[www.hemophiliaregion9.org](http://www.hemophiliaregion9.org)